PUBLIC NOTICE APPOINTMENT OF U.S. BANKRUPTCY JUDGE

The United States Court of Appeals for the Eighth Circuit seeks applications from highly qualified candidates for a fourteen-year appointment as United States Bankruptcy Judge for the Eastern District of Missouri. The position is headquartered in St. Louis, Missouri. The vacancy will occur on January 31, 2006.

The basic jurisdiction of a United States Bankruptcy Judge is specified in Titles 11 and 28, United States Code, and amendments thereto. To be qualified for appointment, an applicant must:

- (1) Be a member in good standing of the bar of the highest court of at least one state, the District of Columbia, or the commonwealth of Puerto Rico, and a member in good standing of any other bar of which they are members.
- (2) Have been engaged in the active practice of law for a period of at least five years (some substitutes authorized);
- (3) Possess, and have a reputation for, integrity and good character; possess, and have demonstrated, a commitment to equal justice under the law; possess, and have demonstrated, outstanding legal ability and competence; be of sound mental and physical health sufficient to perform the essential duties of the office; and indicate by demeanor, character, and personality that the applicant would exhibit judicial temperament if appointed; and
- (4) Not be related by blood or marriage to a judge of the Eighth Circuit Court of Appeals, a member of the Eighth Circuit Judicial Council, or to a judge of the district court to be served, within the degrees specified in 28 U.S.C. § 458, at the time of the initial appointment.

A Merit Selection Panel will review all applications and recommend to the United States Court of Appeals for the Eighth Circuit, in confidence, persons considered to be best qualified. Appointment follows an FBI and IRS investigation of the candidate chosen by the Court of Appeals. The current annual salary is \$149,132. Applicants shall be considered without regard to race, color, age, gender, religion, national origin or disability.

Application forms may be obtained from the Clerk of the U.S. District Court in St. Louis, Missouri; the Clerk of the U.S. Bankruptcy Court in St. Louis, Missouri; and from the Circuit Executive's Office in St. Louis, Missouri (314-244-2600). Applications should be submitted only by the applicant personally and should indicate the applicant's willingness to serve if selected. Applications should be submitted to Ms. Millie B. Adams, Circuit Executive, 111 South 10th Street, Suite 26.325, St. Louis, Missouri 63102-1116, and must be received by September 15, 2005. The U.S. Courts are equal opportunity employers.

INSTRUCTIONS MERIT SELECTION PANEL QUESTIONNAIRE FOR PERSONS BEING CONSIDERED FOR POSITION OF BANKRUPTCY JUDGE IN THE EIGHTH CIRCUIT

All questions must be answered fully. If a question or section is not applicable, please so state. If more space is required, use the "Separate Attachment Form." Please type or print. Complete citations for all cases and articles or texts must be given. It will assist the panel if photocopies of opinions and articles accompany the application. Please give full names and <u>current</u> office addresses and phone numbers (or residence, if no office) for all judicial, professional, personal or other references.

All written inquiries should be directed to Millie B. Adams, Circuit Executive's Office, at the address below. If you wish to obtain a copy of this application via e-mail, please contact the Circuit Executive's Office at (314) 244-2600.

Please be sure you have completed the Questionnaire in its entirety; sign the application and all waivers, and return an <u>original and ten hard copies</u> to:

Office of the Circuit Executive Thomas F. Eagleton United States Courthouse 111 South 10th Street Suite 26.325 St. Louis, Missouri 63102-1116

The application must be received in the Office of the Circuit Executive by September 15, 2005.

<u>APPLICATION FOR BANKRUPTCY JUDGE POSITION</u> <u>EIGHTH CIRCUIT</u>

POS	POSITION IN THE DISTRICT(S) OF:			
	PART A	A - PERSONAL BACKGROUND		
1.	FULL NAME:			
	Other Names by which know	n:		
	Residence:	Phone:		
	Office:	Phone:		
	Residences past five years, w	ith dates:		
	Birthdate:	Place:		
	Marital Status:	Spouse's Name:		
	Number of Children:	Ages:		
2.		marriage, to a judge of the United States Court of Appeals for th ny United States District Court?		

Yes _____ No ____ If yes, supply details:

3.	Have you served in the U.S. or	r other military service?	Yes	No
	Branch of service:		Dates:	
	Type of Discharge:		Date:	
4.	Have you ever been convicted Yes No	of a felony or a misdem	eanor (excluding	g minor traffic offenses) ⁶
	If yes, state the facts and circum	mstances fully including	date, court and	disposition.
5.	Describe any civic, philanthrop during the past five years, include	~	•	
6.	If you are appointed, how will	the salary of the office of	compare to your	recent annual income?
	Substantially More	G		
	Substantially Less	G		
	Comparable	G		

7.	profess	sional, o	ny you personally feel qualified to hold the office. Include any special occupational or other experience you have had which you feel should be the panel in its evaluation.
8.	What i	s your g	eneral state of health?
			r last general physical examination?
		•	
	What v	were the	results?
	Doctor	r's Nam	e:
	Have y	you in th	e last ten years
		(a)	been hospitalized due to injury or illness? Yes No
	or	(b)	been prevented from working due to injury or illness, or otherwise incapacitated for a period in excess of ten days? Yes No
	-		ed yes to one or both questions (a), (b) listed above, please state particulars, auses, dates, place of confinement, name and address of attending physicians,

and the present status of the condition which caused the confinement or incapacitation.
Do you suffer from any impairment of eyesight or hearing or any other physical handicap? Yes No If yes, state details below.
Are you currently under treatment for an illness or physical condition? Yes No If yes, state details below.
Have you ever been treated for or had any problem with alcoholism or any related condition, or any other form of drug addiction or dependency? Yes No If yes, state details below.
Have you ever been treated for or suffered from any form of mental illness? Yes No If yes, state details below.

NOTE:

All candidates must complete, sign and return the physician's authorization and waiver form. A signed copy must be sent to your regular or family physician and the physician listed in Question 8 herein, if different. You may photocopy the form.

PART B - EDUCATIONAL BACKGROUND

High School:					
NAME	<u>DATE</u>]	<u>DEGREE</u>		
College: (Include 1	nonlegal graduate work.)				
NAME	<u>DATE</u>]	<u>DEGREE</u>		
(In addition to the above information, describe any honors or awards received.)					
Law School:					
<u>NAME</u>	<u>DATE</u>	<u>DEGREE</u>	CLASS RANK		
(In addition to the al	bove information, describe any ho	onors, awards, law 1	eview, other activities		
	d class standing.)	, , , , , , , , , , , , , , , , , , , ,	,		

10.	Describe any other formal education or courses other than primary and legal.
11.	List all seminars, symposiums, lectures, or legal meetings in the nature of continuing legal education which you have attended in the past five years, stating as to each: date, place, sponsoring organization, subject(s).
	List all those in which you have participated as speaker, lecturer, panelist, etc., identifying your role and subject(s) or topic(s).

12.	If you have ever taught or lectured at a subject(s); your title, status or role.	a law school, please state	e the school(s); date(s	8);
13.	Describe any nonlegal teaching or lectu	uring you have done.		
	PART C - PROFESSIONAL A	ND OCCUPATIONA	L BACKGROUND)
14.	Name all states, courts, and administra admitted to practice, dates admitted; st actively practice there now. Do not in	ate whether you are cur	rently admitted and v	
<u>STATE</u>	COURT, AGENCY, ETC.	<u>ADMISSION</u>	CURRENT?	ACTIVE?

15.	Do you actively practice law in any other state? Yes No If yes, describe extent and nature of practice.
16.	List articles, treatises, text or handbook chapters on legal matter which you have had published giving the complete citation, including publisher, date, title, and subject matter. List names, current office addresses and phone numbers of any person(s) who coauthored, collaborated or assisted you in the writing or research. Please enclose copies, excepting texts and chapters. If you have written extensively, submit only several representative selections.
17.	Bar Associations and Activities.
	List all national, state, local, specialty, honorary and other bar associations or legal societies of which you have been a member. List each committee membership and other activity: offices

held; whether you are now a member in good standing, and, if not, why.

18.	List an	y judicial or quasi	iudicial office you h	nave held. Do not	t include present judicial office
OFFIC	<u>CE</u>	<u>LOCATION</u>	PERIOD C	F SERVICE	FULL OR PART-TIME
19.	List an	y elective public o	office you have ever	held (other than	judicial or quasijudicial).
<u>OFFIC</u>	<u>CE</u>]	LOCATION	<u>PER</u>	IOD OF SERVICE
20.	List an	y appointive publi	c office you have e	ver held, other tha	nn judicial or quasi judicial.
OFFIC	<u>CE</u>	<u>LOCATION</u>	<u>DUTIES</u>	<u>DATE</u>	FULL OR PART-TIME

21.	List any elective public office for which you were an unsuccessful candidate.			
	<u>OFFICE</u>	<u>LOCATION</u>	<u>DATE</u>	
22.	Current professional practice or occup	pational status, whether law-related or no	ot.	
		type of practice, and inception date. Listers, associates or persons with whom you		
23.	Prior legal or law-related professional	status.		
	Give a brief history of your legal career recent experience prior to your presen	r in <u>inverse</u> chronological order. Begin v t status.	vith the most	

	PERIOD By Years	PLACE City, County State	STATUS Sole Practice partner, associate office sharer	TYPE OF PRACTICE Probate, general ins. etc.
1.				
2.				
3.				
4.				
5.				
	List the names periods stated.		e numbers of partners, o	ffice sharers, etc. for the same
PERIO By Ye		E OF LAWYER	STATUS OF LAWYE Partner, associate, office sharer	ER ADDRESS PHONE
1.				
2.				
3.				
 4. 				

24. Indicate the approximate percentage of your time in the past five years devoted to the following types of practice. (Note: Litigation includes, in addition to actual time in court or tribunal, preparation therefor. "Court" indicates federal and state judicial system; "Trib" indicates quasijudicial bodies, e.g. Industrial Commission, NLRB hearings, etc. "Non-Lit." indicates practice not involving litigation.)

LITIGATION TYPE OF PRACTICE COURT % TRIB % NON-LITIGATION % Anti-trust & Trade Regulation Bankruptcy Chancery (Matrimonial) Chancery (Other) Corporate and Securities Criminal Environmental Labor Relations Patent Probate and Estate Planning Real Estate State and Local Government

Tax (Federal)

Tax (State, Local)

Tort (Personal Injury)

Tort (P.D., Subrogation)

Worker's Compensation

Pro Bono or Public Service

Other						
25.	Jury trial experience in past five years:					
	As Trial Counsel:					
	Number of jury cases to verdict:	Civil	_ Criminal			
	Number of jury cases started but which did not go to verdict:	Civil	Criminal			
	As Preparation Counsel:					
	Number of jury cases commenced:	Civil	Criminal			
26.	Nonjury trial experience in past five ye	ears:				
	Number of contested nonjury cases commenced:	Civil	Criminal			
	Number of noncontested cases involving court appearances in the past	t five years:				
27.	Appellate Practice					
	Number of cases personally handled b	y you as principa	al counsel on appeal: _			
	Number of cases orally argued:					
	List the five most recent cases personal	lly argued by yo	<u>ou</u> .			
	<u>CASE NAME</u>	<u>CITATION</u>		YEAR		

Only one copy of the opinions should be attached.

CASE NAME CITATION YEAR B Only one copy of the opinions should be attached. Nonlaw-Related. Professional and Occupational Background. List all professional or occupational licenses (other than law) which you have ever held. If license is still current, indicate with a "C". LICENSE ISSUING AUTHORITY DATE C If any such license has ever been revoked or suspended or if your conduct has been the subject of other discipline or complaint to the licensing authority or its disciplinary body, state fully the facts and circumstances and the disposition. If you have nothing to report check here.	Number of cases on appeal handled in part by you:				
Only one copy of the opinions should be attached. Nonlaw-Related. Professional and Occupational Background. List all professional or occupational licenses (other than law) which you have ever held. If license is still current, indicate with a "C". LICENSE ISSUING AUTHORITY DATE C If any such license has ever been revoked or suspended or if your conduct has been the subject of other discipline or complaint to the licensing authority or its disciplinary body, state fully the facts	List the five most recent. Indicate with a "B" if you appeared on the brief.				
Nonlaw-Related. Professional and Occupational Background. List all professional or occupational licenses (other than law) which you have ever held. If license is still current, indicate with a "C". LICENSE ISSUING AUTHORITY DATE C If any such license has ever been revoked or suspended or if your conduct has been the subject of other discipline or complaint to the licensing authority or its disciplinary body, state fully the facts	CASE NAME	<u>CITATION</u>	<u>YEAR</u>	<u>B</u>	
Nonlaw-Related. Professional and Occupational Background. List all professional or occupational licenses (other than law) which you have ever held. If license is still current, indicate with a "C". LICENSE ISSUING AUTHORITY DATE C If any such license has ever been revoked or suspended or if your conduct has been the subject of other discipline or complaint to the licensing authority or its disciplinary body, state fully the facts					
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Still current, indicate with a "C". LICENSE ISSUING AUTHORITY DATE C If any such license has ever been revoked or suspended or if your conduct has been the subject of other discipline or complaint to the licensing authority or its disciplinary body, state fully the facts	Nonlaw-Related. Professional and Occupational Background.				
If any such license has ever been revoked or suspended or if your conduct has been the subject of other discipline or complaint to the licensing authority or its disciplinary body, state fully the facts				If license is	
other discipline or complaint to the licensing authority or its disciplinary body, state fully the facts	<u>LICENSE</u>	ISSUING AUTHORITY	<u>DATE</u>	<u>C</u>	
other discipline or complaint to the licensing authority or its disciplinary body, state fully the facts					
other discipline or complaint to the licensing authority or its disciplinary body, state fully the facts					
other discipline or complaint to the licensing authority or its disciplinary body, state fully the facts					
other discipline or complaint to the licensing authority or its disciplinary body, state fully the facts					
	other discipline or complaint to the licensing authority or its disciplinary body, state fully the facts				

28.

	Describe fully all nonlaw-related professions or occupations pursued since your first admission to the bar, giving dates, company names, duties, reasons for leaving, etc.			
	PART D - PROFESSIONAL	AND PERSO	NAL CONDUCT	
29.	Has your license or right to practice before of	-		l ever beer
	denied, revoked or suspended? Yes circumstances fully.	No	If yes, state the facts and	
	Have you ever been formally censured, adju-	dged, or held in	contempt or otherwise discip	olined by
	any judge, court, agency or tribunal? Yes circumstances fully.			
	circumstances runy.			

Yes	No	If yes, attach a copy of the opinion and state any facts and
circumsta	nces you feel ap	ppropriate.
•	No	t of any complaint filed with or made to any attorney disciplinary body? If yes, state fully the facts and circumstances and the disposition of
other cour		abject of any complaint filed with or made to any similar authority of any No If yes, state fully the facts and circumstances matter.
committee		ubject of any complaint filed with or made to any bar association or No If yes, state fully the facts and circumstances and ter.

32.	Have you ever sued or been sued by a client? Yes	addresses ar	
33.	Have you ever been a party to or otherwise personally involve defined in Question 32 above) in any litigation? Yes court, case number and style, the nature of the case and the cinames and current phone numbers of your attorney and of an adverse to yours, and the disposition.	_ No	If yes, state the s of your involvement, the
34.	With respect to judicial services, if any: Have you participated in any proceeding in which you had sto the parties or in the matter in controversy? Yes No		

Yes	No	If yes, give details below.
		ompensation from outside sources for legal or other services rendere
		ce, including lectures and teaching (fees or expenses)?
Yes	No	If yes, give details below.
Have you	been the subject	t of favorable, unfavorable or other comment in the media?
		If yes, give particulars.
Hac a tay 1	ien or other coll	lection procedure ever been instituted against you by federal, state of

]	local authorities? Yes	No	If yes, give particular	ars.
NOTE:	All candidates must disciplinary and gri		nd return the autho	orization forms relating to
	PART E - PE	RSONAL AND J	IUDICIAL REFER	ENCES
37. State the names and current phone numbers of at least five, whom at least four must be lawyers not associated with you references to your character and ability; state how long each have had adequate opportunities for observing your profession. Describe the status of nonlaw references.		ed with you in the pra w long each has known	actice of law or in business) as wn you. Your references must	
<u>N.</u>	<u>AME</u> <u>ADDR</u>	<u>ESS</u>	<u>PHONE</u>	PERIOD OF <u>ACQUAINTANCE</u>

State the names, addresses and current phone numbers of not more than five judges (of whom at least three must be active) with whom you are not and have not been associated in the practice of law or in business and before whom you have appeared recently in matters which would afford them an opportunity to observe your professional conduct and ability. If yours is a nonlitigation practice, list such judges, if any, who have had opportunity to observe you in bar association or other activities. Indicate with an "X" those before whom you have appeared in court or other judicial bodies.

JUDGE ADDRESS COURT PHONE MOST RECENT MATTER

PART F - ADVERSARY REFERENCES

- 38. State names, addresses, and current phone numbers of lawyers who have represented adverse positions in matters handled by you in the past two years. There are two categories, litigation and nonlitigation. List up to twenty lawyers. Do not list the name of a lawyer more than once in either category. If you have had multiple matters with a listed lawyer, indicate that fact with an "M" following the name and supply additional matters or cases.
 - (a) Litigation Matters:

NAME & ADDRESS PHONE CASE NO. & STYLE DATE

(b) Nonlitigation Matters:

NAME & ADDRESS PHONE NATURE OF MATTER DATE

39.	State any other information which you believe to be relevant to the panel's review.
NOTE	Remember to return all authorizations and attachments with your return of this questionnaire.
	I hereby certify and declare under penalty of perjury that the information contained in this ation/questionnaire is to the best of my ability accurate, true and complete. I further certify that I will be to serve, if appointed.
	(Print or Type)
Name	
Signatu	ure
Date _	·
Confid	lentiality Statement to Applicant:
_	nestionnaire will be examined only by members of the Eighth Circuit Judicial Council, the Judges of the
	of Appeals, and the Merit Selection Panel. The information will be kept confidential. Names listed in opplication as references, employers, colleagues, and other individuals may be contacted by the panel.

SEPARATE ATTACHMENT FORM

Separate attachment to:		
Part		
Question		

WAIVER OF CONFIDENTIALITY

In connection with my application for a position as a United States Bankruptcy Judge, I hereby authorize the custodian of any records or information to permit the examination or receipt of such information, whether written or oral, by the Merit Selection Panel of the U.S. Courts for the Eighth Circuit. I also authorize the Merit Selection Panel or its staff to consult with my former employers, my current employer, my professional colleagues, my references, and my physician, with regard to matters pertinent to my qualifications for such position

Name:	(Print or Ty	pe)
Address:		
Signature:		
Date:		

MEDICAL AUTHORIZATION AND WAIVER

TO:	
Physician	
Address	
Phone	
authorize any person designated by the Merit Selection	ion of U. S. Bankruptcy Judge in the Eighth Circuit, I hereby Panel to communicate orally (including by telephone) and/or to my physical and mental condition and history, and any
by telephone) such information regarding my physical a	ned above to communicate to such person orally (including and mental condition, care, treatment and advice sought by ted by such person. For these purposes, I hereby waive any
Name:	(Print or Type)
Address:	
Phone	
Signatura	
Signature:	
Date:	
NOTE TO CANDIDATE: Please forward one sign your application/quest	gned original to physician; and return one signed original with ionnaire.

AUTHORIZATION AND WAIVER

In connection with my application for the position of U.S. Bankruptcy Judge in the Eighth Circuit, I hereby authorize the administrators of the disciplinary and inquiry bodies of any court, bar or other association to disclose to the Merit Selection Panel all information contained in the files of such bodies concerning my present professional status, all complaints which have been made against me, together with the disposition thereof. I expressly waive whatever right I may have to confidentiality of the foregoing information.

Name:	(Print or Type)
Address:	
Signature:	
Date:	